2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000112143

FILED Feb 22, 2007 8:00 am Secretary of State 02-22-2007 90279 035 ****50.00

SCINATURE Filling Fee is \$50.00 Managing Medies Managing Address Managing Address Managing Address Managing Medies Managing	PARTNEF	RSHIP ONE, LLC				· ·	2-22-2007 70			
Suite, Apt. #, etc. Suite	2605 SW 33RD STREET, #200		P.O. BOX 2495		٠.	•		i naii alaga nii	781 III (8 8)	
Coy & State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132007	Chg-LLC	CR2E08	3 (12/06)		
S. Cernical color States See Required Same See Required Same See Required Same See Required Same	City & State		City & State				20-5461 XXXX	955		
Name Street Address (P.O. Box Number is Not Acceptable)				Country					ee Required	
FANTE NORSERT J J R 2605 SW 33RD STREET, #200 City FL 21p Code B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE MANAGING MEMBERS /MANAGERS P. MANAGING MEMBERS /MANAGERS SIGNATURE		6. Name and Address of Current	Registered Agent		Name	7. Name and Ac	idress of New R	egistered A	gent	
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signary, hister or protections of registered agent with the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signary, hister or protections of registered agent with the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signary, hister or protections of registered agent with the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signary agents	2605 SW 33RD STREET, #200									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2007 D	OCALA, FL				City				Zin Code	
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FILING Fee Is \$50.00 Due by May 1, 2007 MANAGING MEMBERS / MANAGERS TITLE MARK KIRKPATRICK, KENNETH B 2605 SW 33RD STREET, BLDG 200 OCALA, FL 34474 TITLE NAME STREET ADDRESS CITY-ST-2P		Signature, typed or printed name of registered agent	and title if applicable. (NQT	E: Registere	d Agent signature required	(when reinstating)		DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FI D:	iling Fee is \$50.00 ue by May 1, 2007					Mak			ı
NAME STREET ADDRESS CITY-ST-ZIP COCALA, FL 34474 Delete	9. MANAGING MEMBEF		S/MANAGERS 10.				ADDITIONS/	CHANGES		
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NEDITIED IN A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Kenneth B. Kirkpatrick

2/13/07 352/369-9881 Daytime Phone #